

INVITATION TO JOIN THE

COUNCIL FOR PUBLIC HEALTH NURSING

Do you

- **Have a passion for public health nursing?**
- **Want to have input into issues affecting public health nursing in Missouri?**
- **Want to network and meet public health nurses from throughout the state?**

If this describes you, you should apply to be a member of the Council for Public Health Nursing. If this describes someone you know, please give them this application and ask them to apply

The Council for Public Health Nursing (CPHN) is an advisory body to the Missouri Department of Health and Senior Services. The CPHN provides leadership, expertise, and advocacy related to public health nursing practice, standards, and issues. Members are needed who work in state and local public health agencies and nursing education. The majority of the CPHN members are from local public health agencies.

Member Responsibilities:

- Attend and participate in CPHN meetings.
Meetings are normally held quarterly in Jefferson City or Columbia.
Meeting dates for 2005 are 2-3, 5-5, 8-4, 1-3
Members are responsible for expenses to attend meetings.
- Participate in work groups and projects established by the CPHN.
- Serve a two-year term beginning in January 2005.

To Apply

- Obtain approval from your supervisor to participate
- Complete the attached application form and return as directed
- Applications must be received by November 1, 2004.

The Executive Board of the CPHN will review the applications and select new members

If you have questions, contact Glenda Kelly or one of the current members of the CPHN. You can find more information at

<http://www.dhss.mo.gov/AbouttheDepartment/CPHN.html>

**APPLICATION TO JOIN
THE**

COUNCIL FOR PUBLIC HEALTH NURSING

I want to apply to be a member of the Council for Public Health Nursing.
I have the approval of my supervisor to be an active member.

Name: _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Where did you get this application form? _____

Please write a brief statement telling why you want to be a member:

**Return by November 1, 2004 to
Glenda Kelly
Center for Local Public Health Services
P.O. Box 570
Jefferson City, MO 65102-0570
Fax: 573-751-5350**